



# RENTAL LICENSE APPLICATION 2015

## \*RENTALS WITH 1-3 UNITS

**CITY OF WEST ST. PAUL**  
**1616 HUMBOLDT AVENUE**

**Phone: 651-552-4100**  
**Fax: 651-552-4190**

**Per Building**

## APPLICATION INSTRUCTIONS - RENTALS WITH 1-3 UNITS

Page 1 - Application Instructions, Page 2-3 - License & STAR Application, Page 4 - Rental Density, Page 5 - Crime Free Housing Lease Addendum

- **RENTALS WITH 1-3 UNITS:** Inspection of the entire building is required **EVERY THREE YEARS**.
- **CRIME FREE LEASE ADDENDUM REQUIRED:** All licensed rental owners must use the Minnesota Crime-Free Lease addendum attached (SEE Page 5), or its equivalent, as part of its leases.
- **ONLY 3 SINGLE-FAMILY RENTALS ALLOWED PER OWNER:** Owners limited to license no more than (3) single-family residences as rental, unless the Owner hires a property management company licensed by the Commerce Dept., is a public housing agency, or obtains City Council approval.
- **CONTRACT FOR DEED PROPERTIES:** Contracts for deed must be recorded against the property or the property will be deemed rental and will require a license.
- **SINGLE-FAMILY RENTAL DENSITY:** Limits single-family rental properties to 10% per block in an R1 Zoning District. (SEE Page 4) Properties in districts that exceed the permitted # of rentals can obtain a Provisional license limited to two years if the Owner uses a Property Management firm licensed with the MN Commerce Dept. Mark Provisional on Page 2 & enter property management firm contact in Section D. A Rental Density map is located at [www.wspmn.gov](http://www.wspmn.gov) on the Rental Licensing page.

### 1. GENERAL INFORMATION:

- PLEASE TYPE OR PRINT ALL INFORMATION IN BLACK INK. MAKE CHECKS PAYABLE TO CITY OF WEST ST. PAUL
- **LICENSES ARE VALID FROM JANUARY 1, 2015 TO DECEMBER 31, 2015**
- **LICENSE APPLICATIONS RECEIVED AFTER DECEMBER 1, 2014 ARE SUBJECT TO LATE & CITATION FEES**

### 2. INSTRUCTIONS - COMPLETED APPLICATIONS FOR EACH BUILDING MUST INCLUDE:

- A **Completed Inspection Report** from:
  - the City of West St. Paul Building Department, or
  - the United States Department of Housing and Urban Development (HUD)
- *Completed* Rental License Application for each BUILDING
- All applicable **FEES (SEE Section 3)**

**\*Owners of multiple buildings pay only one initial Background Check**

3. **FEES:** \* **\$40 RENTAL LICENSE FEE PER BUILDING** ☐  
- **\$10 FEE PER UNIT ADDITIONAL** ☐ (Example: Duplex (2 rental units) \$50 + \$100 = \$150 total)  
\* **\$100 INITIAL BACKGROUND INVESTIGATION FEE OF OWNER** ☐

### 4. INSPECTIONS:

- **RENTALS WITH 1-3 UNITS:** Inspect the entire building **EVERY THREE YEARS**, starting from the first year the applicant applies for a license.
  - "The Inspection Report must be dated within the thirty-six (36) months preceding the application date."

### 5. LATE FEES (RENEWALS):

- AFTER DEC 1 OF EACH YEAR = 50% of license fee, in addition to the license fee.
- AFTER JANUARY 1 OF EACH YEAR = 50% of license fee, in addition to the license fee + **Administrative Citation & \$500 fine** for renting property without a rental license.



# RENTAL LICENSE APPLICATION FORM 2015

\*RENTALS WITH 1-3 UNITS

SHADED AREAS ARE REQUIRED FIELDS

**Check One:** **New Application** ☐ **Renewal** ☐  
**Provisional** ☐ Enter Property Mgmt Firm in Section D  
**Currently Rented** ☐ **Y** ☐ **N**  
**Date of 1<sup>st</sup> Rental:** \_\_\_\_\_

**PLEASE MAIL APPLICATION TO:**

CITY OF WEST ST. PAUL  
RENTAL LICENSE  
1616 HUMBOLDT AVENUE  
WEST ST. PAUL, MN 55118

## SECTION A. Property Information:

Property Name:		Property Type: (Check Appropriate Box)		<input type="checkbox"/> APT
Property Address:		<input type="checkbox"/> TOWNHOME	<input type="checkbox"/> CONDO	<input type="checkbox"/> FOUR-PLEX
		<input type="checkbox"/> SINGLE-FAMILY	<input type="checkbox"/> DUPLEX	<input type="checkbox"/> TRIPLEX
City:	State:	Zip Code:	Total # of Rental Units:	

## SECTION B. Property Owner Information:

IS THE OWNER: (Check Appropriate Box) <input type="checkbox"/> AN INDIVIDUAL <input type="checkbox"/> A BUSINESS ENTITY		Email (required):		
NAME OF BUSINESS ENTITY / CORPORATION:		Date of Birth:		
FIRST NAME (Of One Owner, Partner or Corporate Officer)		Home Phone:	Cell Phone:	
MIDDLE NAME		Office Phone:	Fax:	
LAST NAME		Address: (Of One Owner, Partner or Corporate Officer)		
Driver's License # OR State ID #:	State of Issue:	City:	State:	Zip Code:

## SECTION C. Mailing Address Information:

CHECK HERE TO SEND LICENSE CERTIFICATES/LETTERS  
TO THE OWNER ADDRESS (LISTED IN SECTION B): (Check Box) ☐ Y ☐ N

COMPLETE BELOW TO SEND LICENSE CERTIFICATES/LETTERS TO A DIFFERENT ADDRESS:

NAME OF BUSINESS ENTITY / CORPORATION:	Address:		
FIRST NAME (Of One Owner, Partner or Corporate Officer)	City:		
LAST NAME	State:	Zip Code:	

\*\*\*\*\*Office Use Only\*\*\*\*\*

Application Verified by _____	Date _____	Data-Entry by _____	Date _____
Receipt # Applicant _____	Date _____	Receipt # Housing Evaluator _____	Date _____
Late Fee Receipt # _____	Date _____	Inspection Report Reviewed by _____	Date _____
Complaint Reviewed by _____	Date _____	License # _____	Date _____

## SECTION D. TENANT REGISTER (PROPERTY MANAGEMENT FIRM FOR PROVISIONAL LICENSES)

PLEASE PROVIDE THE CONTACT INFORMATION FOR THE PERSON WHO WILL HAVE POSSESSION OF THE TENANT REGISTER.

THE APPLICANT IS REQUIRED TO MAINTAIN A CURRENT REGISTER OF ALL TENANTS, WHICH WILL BE MADE AVAILABLE TO CITY OFFICIALS UPON REQUEST.			
NAME OF BUSINESS ENTITY / CORPORATION:		Office Phone:	Fax:
CHECK HERE IF SAME AS OWNER <input type="checkbox"/> Y <input type="checkbox"/> N (LISTED IN SECTION B)		Email:	
FIRST NAME		Address:	
MIDDLE NAME		City:	State: Zip Code:
LAST NAME		Is this the emergency contact for repairs? <input type="checkbox"/> Y <input type="checkbox"/> N	
Home Phone:	Cell Phone:	Other Emergency Contact Information:	

### SECTION E: OTHER RENTAL PROPERTY ADDRESSES

PLEASE LIST THE ADDRESSES OF ALL OTHER RESIDENTIAL RENTAL PROPERTIES OWNED BY APPLICANT OR A SUBSIDIARY WITHIN THE LAST TWO YEARS (ATTACH ADDITIONAL SHEETS IF NECESSARY):

<p align="center"><b>SECTION F: STAR PROGRAM (SAFER TENANT AND RENTAL)</b></p> <p align="center">The STAR Program is free to participants, and can be a means to reduce penalties for Property Owners in violation of City Code</p>
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### Please check the appropriate level of participation for your property.

- ☐ **Non-STAR Participant** - Property violations will not be discounted. I elect not to participate in the STAR Program at the above listed property:
- ☐ **Level '1' ★ STAR Participant -**
- Use a Minnesota Crime Free Housing Lease addendum or equivalent.
  - Upon request, provide a copy of Third Party Background Check procedures for Tenants.
  - To actively pursue the eviction of non-compliant tenants.
- ☐ **Level '2' ★★ STAR Participant-** Achieve Level 1 and add the following
- Attend 50% of the R.O.M.A. (Responsible Owners and Managers Association) meetings.
  - No unresolved or open code city violations.
  - Within 12 months of joining the STAR program, property managers need to complete all three phases of Crime Free Rental Housing training and receive a certificate of completion by the city.

**THIS LICENSE IS NON-TRANSFERABLE. NEW OWNERS MUST APPLY FOR A NEW LICENSE.**

**(LICENSE FEES APPLY TO NEW OWNERS. INSPECTION REPORTS CAN BE SUBMITTED FROM THE LAST 12 MONTHS FROM RENTAL PROPERTY WITH MORE THAN 3 UNITS, AND FROM THE LAST 36 MONTHS FROM RENTAL PROPERTY 1-3 UNITS.)**

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY AGREE TO NOTIFY THE CITY OF ANY CHANGES IN OWNERSHIP OR IN THE NUMBER OR TYPES OF UNITS. I FURTHER AUTHORIZE THE WEST ST. PAUL POLICE DEPARTMENT AND OTHER CITY OFFICIALS TO INVESTIGATE ALL FACTS SET OUT IN THIS APPLICATION AND TO PERFORM A PERSONAL AND CRIMINAL BACKGROUND CHECK ON ME AND/OR THE BUSINESS THAT OWNS THE RESIDENTIAL RENTAL PROPERTY THAT IS THE SUBJECT OF THE LICENSE. I FURTHER AUTHORIZE THE POLICE DEPARTMENT AND OTHER CITY OFFICIALS TO RELEASE THE INFORMATION RECEIVED FROM SUCH BACKGROUND INVESTIGATION TO THE CITY COUNCIL AND OTHER CITY STAFF AS NEEDED. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW SUCH INFORMATION PRIOR TO ITS RELEASE TO THE CITY COUNCIL, IF I SO REQUEST IT. I UNDERSTAND THAT THE PURPOSE OF PERMITTING THE CITY TO HAVE ACCESS TO THIS INFORMATION IS TO DETERMINE MY SUITABILITY FOR ISSUANCE OF A RENTAL LICENSE IN THE CITY OF WEST ST. PAUL. I FURTHER UNDERSTAND THAT I AM NOT LEGALLY REQUIRED TO SUPPLY THE REQUESTED DATA OR COMPLY WITH THE PERSONAL AND CRIMINAL BACKGROUND INVESTIGATION AND RECORD CHECK, BUT THAT BY REFUSING TO COMPLY, MY LICENSE APPLICATION MAY BE DENIED.

**SIGNATURE** (OF OWNER, PARTNER OR CORPORATE OFFICER) (LISTED IN SECTION B)

**DATE**

**PRINTED NAME** (OF OWNER, PARTNER OR CORPORATE OFFICER) (LISTED IN SECTION B)

**DATE**

